R M WHITTINGTON - H M Coroner for Birmingham:

Clark Edward PEARCE

Report of a Post Mortem Examination made upon the body of Clark Edward PEARCE aged 22 years, late of 35 Dovey Tower, Duddesdon Manor Road, Nechells.

The Examination was made at: The Central Mortuary, Birmingham
on: Sunday 16 November 1986 at 10.10 a.m.

Officials Present: Inspector Clarke - H M Coroner's Chief Officer
Detective Superintendent Murphy - C.I.D.
Detective Constable Moore
Mr K Abel and Mr Haylor - Police Phototraphers
P.C. 4831 Belcher

Assistants: Mrs Y Parsons - Senior Mortuary Technician
Mrs R Reynolds - Mortuary Technician

Dr McGivran from the General Hospital, Birmingham was also present.

CIRCUMSTANCES:

From the statement of P.C. 4831 Belcher I understand that Mr Pearce was involved in a disturbance in a resteurant during the early hours of 16 November 1986, in which he received injuries. He was taken to the General Hospital, Birmingham. From the Hospital notes and information given to me by Dr McGivran I learned that Mr Pearce was admitted to hospital in a state of restless shock. Several wounds were seen on the body and resuscitation by blood transfusion was undertaken. Mr Pearce was taken to the operating theatre but he died before surgery could be undertaken.

IDENTIFICATION:

The formal identification of the body of Clark Edward PEARCE was made to me by P.C. 4831 Belcher at 10.10 a.m., 16 November 1986 at the Central Mortuary, Birmingham.

POST MORTEM EXAMINATION:

EXTERNAL:

The body was that of a tall, muscular and well nourished - but not obese, young man. Height 6 ft 2 in. Weight 86 kg (13½ stone).

INJURIES:

1. A complex double incised wound was present in the skin of the left lower chest 270 mm below the level of the axilla and 70 mm posterior to the posterior axillary line, showing an elliptical cut 25 mm long, joined at its medial end by a similar cut 18 mm long, to form an asymmetrical T shape. This wound continued internally through the 9th left intercostal space, traversing the lower chest cavity to enter

INJURIES (continued)

the abdomen through a ragged cut in the left leaf of the diaphragm close to its insertion. This wound was associated with extensive bleeding into the abdominal cavity but NO injury to any organ.

2. An elliptical incised wound 14 mm long, gaping 8 mm centrally, was present on the back of the left side of the chest, 60 mm from the midline and 190 mm below the spine of the 7th cervical vertebra. This wound could be traced through muscle and through the 6th left intercostal space posteriorly 25 mm from the spine. The wounding weapon had traversed the left pleural cavity to enter the upper part of the lower lobe of the left lung through a puncture 15 mm long. It penetrated the lung to a depth of 50 mm but did not quite transfix it. This injury was associated with a large haemothorax - 1.25 litres of blood and blood clot were recovered from the chest after loss of fluid on opening the cavity and considerable collapse of the lung.

3. Three jagged cuts 25, 22 and 18 mm long were present above the left eye. They entered superficial tissue only.

4. A cut 22 mm long on the left side of the neck 20 mm below the ear was weakly C shaped and showed some undercutting of its lateral edge. Damage extended for about 10 mm into superficial tissues only.

5. Numerous tiny scratches and a 10 mm nick were seen in the skin of the left cheek.

6. Three little nicks were present in the left upper eyelid and one in the lower eyelid on the same side.

7. A nick 8 mm long was present in the skin above the left collar bone.

8. A 42 mm scratch was present on the left side of the neck, anteriorly, 40 mm below the jaw.

9. A tiny nick was present in the centre of the forehead.

10. A 25 mm cut high up over the right shoulder posteriorly could be traced into soft tissues only.

11. Abrasions over an area 15 x 10 mm were present on the posterior aspect of the left forearm with fainter marks in a line towards the wrist.

12. A small bruise was seen over the knuckle (metacarpo-phalangeal joint) of the third finger of the right hand.

13. A faint linear mark was seen on the palm of the left hand.

OTHER MARKS were therapeutic and included a left chest drain, and venous lines in the arms and neck. The central venous line in the right side of the neck was associated with extensive bleeding into soft tissues.

An abrasion on the right knee was older than the injuries described above.

TERNAL ORGANS:

The organs showed no evidence of natural disease. The major organs weighed as follows:

Brain	- 1450 g
Heart	- 365 g
Liver	- 1770 g
L. Kidney	- 190 g
R. Kidney	- 170 g
Spleen	- 160 g
R. Lung	- 430 g
L. Lung	- 270 g

The stomach contained a large curry meal.
The bladder was virtually empty.
The kidneys did not show shock effect.

CAUSE OF DEATH: 1a) Haemorrhage

1b) Penetrating wound of the chest

COMMENT:

Of the numerous wounds received only two penetrated deeply into the body. Of these the one entering the abdomen caused bleeding but damaged no major organ and by itself would have been amenable to surgical treatment. The wound to the left posterior chest, however, penetrated the lung causing such severe bleeding that resuscitation proved to be ineffective.

There is no convincing evidence of defense injuries and certainly nothing to show that Mr Pearce grasped a cutting weapon. Just possibly the bruise on the right knuckle and the abrasion on the left forearm may be evidence of defensive actions.

Weapon:

The shape of the injuries suggest their infliction by a sharp bladed weapon which could be as small as 90 mm long and 14 mm wide (4 inches x ½ inch).

Further Examinations:

Blood and urine samples for ethanol estimation have been forwarded to the West Midlands Forensic Science Laboratory, as well as blood should any other analysis be deemed necessary. Samples of the major organs have been reserved for histology should these prove necessary.

K D Gower MD., FRCPath
Home Office Pathologist
Sandwell District General Hospital